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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number		
CLAIMS AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	FOR		NUMBER FILED		NUMBI	NUMBER EXTRA		FEE		RATE	FEE
	IC FEE CFR 1.16(a))							\$	OR		\$
TOTAL CLAIMS (37 CFR 1.16(c))				minus 20			V			V & -	<u></u>
INDEPENDENT CLAIMS			minus 20 =				X \$=		OR	× \$=	
(37 CFR 1.16(b))				minus 3	= •		X \$=		OR	× \$=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+ \$=		OR	+ \$=		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL	:	OR	TOTAL	
	C	LAIM	S AS AMI	ENDED	– PART II						
			olumn 1)		(Column 2)	(Column 3)	SMALL E	ENTITY	OR •	OTHER SMALL	
ENT A		RE	CLAIMS MAINING AFTER ENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ž	Total (37 CFR 1.16(c))	*		Minus	**	=	x \$=		OR	x \$=	
AMENDMENT	Independent (37 CFR 1.16(b))	•		Minus	***	= .	× \$=		OR	x \$=	
A	FIRST PRESENT	ATION	OF MULTIPLE	E DEPENDI	ENT CLAIM (37 CF	R 1.16(d))	+\$_ =		OR	+\$ =	-
· .						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Cc	olumn 1)		(Column 2)	(Column 3)					
ENT B		REI	CLAIMS MAINING AFTER ENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	•	1	Minus	**	=	X \$=		OR .	x \$=	
AMENDM	Independent (37 CFR 1.16(b))	*	:	Minus	***	=	× \$=		OR	x \$=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+\$ =		OR	+ \$ =	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
_			olumn 1)		(Column 2)	(Column 3)			•		
AMENDMENT C		REI	LAIMS MAINING AFTER ENDMENT	:	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))		33	Minus	" 33	=	x \$=		OR	x \$=	
LEN LEN	Independent (37 CFR 1.16(b))	*	2	Minus	" <u>3</u>	=	x \$=		OR	x \$=	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$=		OR	+ \$=	
	If the entry in o	olumo	1 is less the	n the ento	y in column 2, writ	e "O" in column 3	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.